Subrecipient Semi-Annual Report

(Report is Due by July 31st for Period Ending June 30th, and January 31st for Period Ending December 30th)

| Reporting Period Reporting Period (Check One): | | June 30th: | December 31st: | |
|---|--------------------------------|----------------------------------|-------------------------|--|
| Reporting Period (Check On | le): | June 30th: | December 31st: | |
| | | | | |
| Grantee Information | | | | |
| Grantee: | | Grant Number: | | |
| Grantee Address: | | Grantee Telephone: | | |
| Subrecipient Information | | | | |
| Subrecipient Name: | | Subrecipient Address: | | |
| Contact Person: | | Telephone: | | |
| | | | L | |
| Project Information | | | | |
| Nature of Project: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Date Certificate of Completion Issued: | | | | |
| Date Reporting Period Ends: | | | | |
| | | | | |
| National Objective (Check O | nly One) | | | |
| | Activities Benefiting I | Low and Moderate (LMI) Persons | | |
| Area wide Basis: | Limited Clientele: | Housing Activities: | Job Creation/Retention: | |
| #LMI Beneficiaries Proposed: | | #LMI Actual Beneficiaries: | | |
| A | Activities Which Aid in the Pr | evention or Elimination of Slums | or Blight | |
| Area wide Basis: | | Spot Basis: | Spot Basis: | |
| | | or Imminent Threat to Health and | | |

Certification

It is hereby certified by both the Grantee and the Subrecipient that the project facilities, funded in whole or in part by federal CDBG funds, continue to be used for the approved activity, continue to meet the specified national objective, and continue to serve the number of beneficiaries originally intended in the project application.

| Grantee Certification | | | | |
|--------------------------------------|--|--|--|--|
| Signature of Chief Elected Official: | | | | |
| Date: | | | | |
| Subrecipient Certification | | | | |
| Signature: | | | | |
| Typed Name and Title: | | | | |
| Date: | | | | |